



CAMPBELL COUNTY FISCAL COURT
24 WEST FOURTH STREET, P.O. BOX 72340
NEWPORT, KY 41072
292-3838 FAX: 292-3888
E-MAIL: inquiry@campbellcountky.org

PERSONAL INFORMATION:

Name: _____

Last

First

Middle Initial

Present Address: _____

Street

City

State

Zip

Social Security Number: _____ Phone Number: _____

Are you a Campbell County Resident? Yes _____ No _____

If no, are you willing to move into the county within 90 days after hire? Yes _____ No _____

Have you worked for us before? Yes _____ No _____

If yes, when did you work for us and what type of position did you hold? _____

How did you learn of this opening? _____

Reason for interest in this job? _____

Are there any experiences, skills, or qualifications which you have that would be of benefit in the position in which you are applying? If so, please describe: _____

Do you have a valid driver's license? Yes _____ No _____

If yes, give license number _____

Do you own a car? Yes _____ No _____

If no, how will you get to work? _____

Is there any physical or mental reason why you could not perform the job for which you are applying? _____

Are you a U.S. Citizen? Yes _____ No _____

If no, what type of Visa do you have? _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain _____

Have you ever been disciplined or fired? Yes _____ No _____

If yes, please explain _____

Name of person to be notified in case of emergency: _____

Name

Phone

Address

JOB REQUIREMENTS:

Title of position(s) for which you are applying _____

Do you want to work? Full-Time _____ Part-time _____ Seasonal _____

Minimum salary required? _____ When can you begin work? _____

EDUCATION AND TRAINING:

Elementary School _____ Location _____

Highest grade completed _____ Attended from _____ to _____ (list years)

High School _____ Location _____

Highest grade completed _____ Attended from _____ to _____ (list years)

Did you graduate or receive a G.E.D.? Yes _____ No _____

If yes, when did you receive it? _____ What was your course of study? _____

College _____ Location _____

Attended from _____ to _____ (mo./yr.) to _____ (mo./yr.)

Did you graduate? Yes _____ No _____ Year or anticipated year of graduation? _____

Give degree, or credit hours received _____

What was your major & minor fields? _____

Vocational or other school _____ Location _____

Attended from _____ (mo./yr.) To _____ (mo./yr.) Did you graduate? _____

Year, or anticipated year, of graduation _____ What was your field(s) of study? _____

SPECIAL QUALIFICATIONS AND SKILLS:

If you have a special license or certificate, please describe_____

Describe any special skills or machines or equipment you can operate_____

On additional sheets you may attach information regarding courses you have taken which will help in the position for which you are applying, or describe other formal education or training you may have.

MILITARY SERVICE RECORD:

Have you served in the armed forces? Yes _____ No _____ If yes, what branch?_____

Dates of duty? From _____ to _____ Rank at discharge_____

What were your duties?_____

Describe any special training while in the service_____

CHARACTER REFERENCES:

Give the names of three persons not related to you, who you know through school, business or personal association.

1. Name_____ Phone (Home)_____ (Business)_____

Address_____

2. Name_____ Phone (Home)_____ (Business)_____

Address_____

3. Name_____ Phone (Home)_____ (Business)_____

Address_____

“EQUAL OPPORTUNITY EMPLOYER”

WORK HISTORY:

Begin with your present, or most recent job, and end with your least recent job

Employer _____ Employed from _____ to _____
Address of Employer _____
Title of Position _____ Starting Salary _____ Last Salary _____
Name of Supervisor _____ Reason for leaving _____
Duties _____

Employer _____ Employed from _____ to _____
Address of Employer _____
Title of Position _____ Starting Salary _____ Last Salary _____
Name of Supervisor _____ Reason for leaving _____
Duties _____

Employer _____ Employed from _____ to _____
Address of Employer _____
Title of Position _____ Starting Salary _____ Last Salary _____
Name of Supervisor _____ Reason for leaving _____
Duties _____

Employer _____ Employed from _____ to _____
Address of Employer _____
Title of Position _____ Starting Salary _____ Last Salary _____
Name of Supervisor _____ Reason for leaving _____
Duties _____

If more space is needed, please attach additional sheets

ADDITIONAL INFORMATION:

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her background. Use the space below to summarize additional information you feel is necessary to describe your full qualifications. Your personal interests; such as, hobbies, civic involvement, etc., may be as helpful as educational background and work experience. If more space is needed, please attach additional sheets.

[illegible]

CERTIFICATION:

I understand that a medical examination to ascertain the ability to perform essential functions of the job may be required. I certify that the above information is correct and complete to the best of my knowledge and belief. I understand that misrepresentation, falsification, or omission of material fact may be cause for rejection of my application or for termination after employment. I understand and agree the statements made in this application may be subject to verification concerning same, and I hereby release any such person from any and all liability for any damage whatsoever incurred in furnishing such information.

Signature: _____ Date: _____

PROSPECTIVE EMPLOYEE APPLICATION FORM

I hereby acknowledge that if I am employed by the County, or any of its elected officials, department heads or agents, that I serve at the will and pleasure of the County, the elected officials or the agent and that I may be terminated at any time, for any cause or reason, or for no cause or no reason at all.

I also understand and agree that this employment at will applies to any employment, job, or position I may have with the County, including any temporary or permanent employment, part-time or full-time employment, transfers, promotions, or changes of employment.

I also understand and agree that regardless of any oral or written representations made by the County, its elected officials, employees, agents, or any other person, my employment will continue to be at the will and pleasure of the County, its elected officials, or agents.

I also understand that no ordinance, resolution, code, order, minutes, rules, regulations or any other document shall be construed by me as an expressed or implied contract modifying in any way my employment at will, unless such document expressly states that it is intended as an employment contract and that it is intended to expressly change or modify my individual "at will employment".

Prospective Employee

Date

copy: Prospective Employee File

CAMPBELL COUNTY FISCAL COURT

AUTHORIZATION FOR RELEASE OF INFORMATION

To any Police Department, Medical Association, U. S. Armed Forces, Maritime Services, or any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized persons at school, college, business school, trade school, or any past or present employers, Credit Bureau, Retail Merchants Association, Loan Institution, Commercial Bank, U. S. Post Office, U. S. Selective Service System, or neighbor.

I, _____, _____
(Name) (Address)

have applied for employment with the Campbell County Fiscal Court. I am aware that my entire background may be investigated. I hereby authorize and request the release of any and all information you have concerning myself, including a transcript of any disciplinary actions (i.e. violations of rules and regulations), damage claims and civil litigations (including any deposition), pending or concluded, including subject area, to the Campbell County Fiscal Court, their investigator(s) or other authorized representatives, upon the presentation of this signed document or a photo copy of this document.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Campbell County Fiscal Court. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Social Security Number

Date of Birth

Date

Signature

Sworn and subscribed to before me this ____ day of _____, 2000.

Notary Public

My commission expires:_____